

# **EXHIBIT A**

HORIZON BLUE SHIELD  
PO BOX 1301  
NEPTUNE, NJ 07754-1301

# HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

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1. MEDICARE    MEDICAID    TRICARE    CHAMPVA    GROUP HEALTH PLAN    FECA BLK LUNG    OTHER <input type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input checked="" type="checkbox"/> (ID#)						1a. INSURED'S I.D. NUMBER [REDACTED]					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) J [REDACTED], S [REDACTED]						3. PATIENT'S BIRTH DATE    SEX MM DD YY    M <input type="checkbox"/> F <input checked="" type="checkbox"/>					
5. PATIENT'S ADDRESS (No., Street) 9 ROBERT COURT						7. INSURED'S ADDRESS (No., Street) [REDACTED]					
CITY WEST ORANGE			STATE NJ			CITY WEST ORANGE			STATE NJ		
ZIP CODE 07052			TELEPHONE (Include Area Code) ( )			ZIP CODE 07052			TELEPHONE (Include Area Code) ( )		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:					
a. OTHER INSURED'S POLICY OR GROUP NUMBER						a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
b. RESERVED FOR NUCC USE						b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    PLACE (State) _____					
c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
d. INSURANCE PLAN NAME OR PROGRAM NAME						10d. CLAIM CODES (Designated by NUCC)					
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.  SIGNED Signature on File    DATE 11/03/2023						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  SIGNED SIGNATURE ON FILE					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY    QUAL.				15. OTHER DATE MM DD YY    QUAL.				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY    TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____ 17b. NPI _____				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY    TO MM DD YY			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)    ICD Ind. 0 A. N62    B. _____    C. _____    D. _____ E. _____    F. _____    G. _____    H. _____ I. _____    J. _____    K. _____    L. _____											
24. A. DATE(S) OF SERVICE From To MM DD YY    MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS    MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
08   16   23		22		19318    50    80		A	150000   00	1	NPI	1154527141	
									NPI		
									NPI		
									NPI		
									NPI		
									NPI		
									NPI		
									NPI		
25. FEDERAL TAX I.D. NUMBER    SSN EIN 833106529 <input type="checkbox"/> <input checked="" type="checkbox"/>											
26. PATIENT'S ACCOUNT NO. 500005412-1/BS				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				28. TOTAL CHARGE \$ 150000   00		29. AMOUNT PAID \$ 0   00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SCHNEIDER, LISA MD 11/03/2023 SIGNED    DATE				32. SERVICE FACILITY LOCATION INFORMATION HUDSON REGIONAL HOSPITAL 55 MEADOWLANDS PARKWAY SECAUCUS, NJ 07094-2977 a. 1710491253    b.				33. BILLING PROVIDER INFO & PH. # ( ) ROWE PLASTIC SURGERY OF NJ LLC 89 VALLEY ROAD MONTCLAIR, NJ 07042-2212 a. 1407312507    b.			

## **EXHIBIT B**

Leading Edge Administrators  
14 WALL ST STE 5B  
NEW YORK NY 10005-2113

# Provider Remittance Summary

## Forwarding Service Requested

\*\*\*\*\*ALL FOR AADC 07099  
PB-MSP-41-ENV 3655  
ROWE PLASTIC SURGERY OF N  
89 VALLEY RD  
MONTCLAIR NJ 07042-2212

### Customer Care Information

If you have any questions regarding this claim, please contact Valenz Health's dedicated team at 877-208-5952

Group: CHS Employee Group LLC DBA YesCare  
Group #: CHSEG

Date: 10/23/2023

Patient Acct #: [REDACTED]

Claim #: 223-0000929509-00

Provider: Rowe Plastic Surgery Of N

Patient: S [REDACTED]

Enrollee: James

Enrollee ID: [REDACTED]

Dates of Service	Procedure Code	Charged Amount	Not Covered	Reason Code	Provider Discount	Allowable Amount	Deductible Amount	Co-Pay Amount	Co-Insurance	Payment Amount
001 08/16-08/16/2023	19318	\$150,000.00	\$0.00	987	\$0.00	\$293.92	\$293.92	\$0.00	\$0.00	\$0.00
Column Totals		\$150,000.00	\$0.00		\$0.00	\$293.92	\$293.92	\$0.00	\$0.00	\$0.00
Patient's Responsibility: \$293.92										
Other Carrier Adjustment										\$0.00
Total Payment Amount										\$0.00

### Procedures

Code	Description
19318	Breast reduction

### Remarks

Code	Description
987	Member held harmless non-participating provider. If the provider disagrees with the qualified payment amount remitted, then the provider should contact Leading Edge Administrators at NSANegotiations@leadingedgeadmin.com

### Additional Information

We have selected Pay-Plus Solutions as our ePayment vendor to assist us in quickly transferring payment as well as complying with PPACA Section 1104. To sign up for ePayments using ACH or Credit Card, as well as electronic EOB's (835, Excel, PDF) please visit [www.PPSONLINE.COM](http://www.PPSONLINE.COM), email [membership@ppsonline.com](mailto:membership@ppsonline.com), or call Pay-Plus' Membership Services at 1-877-828-8834.

## **EXHIBIT C**

**IDR dispute status:** Payment Determination Made

**IDR reference number:** DISP-884612

Federal Hearings and Appeals Services, Inc. has reviewed your Federal Independent Dispute Resolution (IDR) dispute with reference number **DISP-884612** and has determined that ROWE PLASTIC SURGERY OF NJ LLC is the prevailing party in this dispute.

After considering all permissible information submitted by both parties, Federal Hearings and Appeals Services, Inc. has determined that the out-of-network payment amount of **\$112,500.00** offered by ROWE PLASTIC SURGERY OF NJ LLC is the appropriate out-of-network rate for the item or service 19318 on claim number 223-0000929509-00 under this dispute.

Federal Hearings and Appeals Services, Inc. based this determination on a review of the following:

ROWE PLASTIC SURGERY OF NJ LLC submitted an offer of \$112,500.00

Leading Edge Administrators submitted an offer of

For each of the following determination factors, an “x” in the Initiating Party and/or Non-Initiating Party column means the party provided supporting information.

	Additional Circumstances	Initiating Party	Non-Initiating Party
1	The level of training, experience, and quality and outcomes measurements of the provider or facility that furnished such item or service (such as those endorsed by the consensus-based entity authorized in section 1890 of the Social Security Act)		
2	The market share held by the nonparticipating provider or facility or that of the plan or issuer in the geographic region in which the item or service was provided		
3	The acuity of the individual receiving such item or service or the complexity of furnishing such item or service to such individual		
4	The teaching status, case mix, and scope of services of the nonparticipating facility that furnished such item or service		
5	Demonstrations of good faith efforts (or lack of good faith efforts) made by the disputing parties to enter into network agreements and, if applicable, contracted rates between the disputing parties during the previous 4 plan years		
6	Additional information submitted by a party		

### Final Determination Rationale

After a complete and careful consideration of the totality of the evidence as promulgated in 45 CFR 149.510(c)(4) which does not include information on the prohibited factors described in 45 CFR



149.510(c)(4)(v), and after applying the No Surprises Act statutory provisions, ROWE PLASTIC SURGERY OF NJ LLC's offer best represents the value of the services that are the subject of this unique payment determination.

FHAS found that the Prevailing Party's offer best represents the value of the out-of-network service(s) due to the submitted, credible information for the following factors:

- Single offer and single fee received

**Please note that while all factors are reviewed as required under 45 CFR 149.510(c)(4), the submitted evidence and information associated with the aforementioned factors demonstrated the prevailing party's offer best represents the value of the out-of-network service(s) in this particular case.**

#### **Next Step:**

If any amount is due to either party, it must be paid **not later than 30 calendar days** after the date of this notification, as follows:

- **A plan, issuer, or Federal Employees Health Benefits (FEHB) Program carrier owes a payment to a non-participating provider or facility** when the amount of the offers selected by the certified IDR entity exceeds the sum of 1) any initial payment the plan, issuer, or FEHB carrier has paid to the non-participating provider or facility and 2) any cost sharing paid or owed by the participant, beneficiary, or enrollee.
- **A non-participating provider or facility owes a refund to a plan, issuer or FEHB carrier** when the offer selected by the certified IDR entity is less than the sum of 1) any initial payment the plan, issuer, or FEHB carrier has paid to the non-participating provider or facility and 2) any cost sharing paid by the participant, beneficiary, or enrollee.

**NOTE:** The non-prevailing party is ultimately responsible for the certified IDR entity fee, which is retained by the certified IDR entity for the services performed. Federal Hearings and Appeals Services, Inc. has determined that Leading Edge Administrators is the non-prevailing party in DISP-884612 and is responsible for paying the certified IDR entity fee. The certified IDR entity fee that was paid by the prevailing party will be returned to ROWE PLASTIC SURGERY OF NJ LLC by the certified IDR entity within 30 business days of the date of this notification.

Pursuant to the Federal Employees Health Benefits Act at 5 U.S.C. 8902(p), Internal Revenue Code sections 9816(c)(5)(E) and 9817(b)(5)(D), Employee Retirement Income Security Act sections 716(c)(5)(E) and 717(b)(5)(D), and Public Health Service Act sections 2799A-1(c)(5)(E) and 2799A-2(b)(5)(D), and their

implementing regulations at 5 CFR 890.114, 26 CFR 54.9816-8T (c)(4)(vii), 29 CFR 2590.716-8(c)(4)(vii) and 45 CFR 149.510(c)(4)(vii), this determination is legally binding unless there is fraud or evidence of intentional misrepresentation of material facts to the certified IDR entity by any party regarding the dispute.

The party that initiated the Federal IDR Process may not submit a subsequent Notice of IDR Initiation involving the same other party with respect to a claim for the same or similar item or service that was the subject of this dispute during the 90-calendar-day suspension period following the date of this email, also referred to as the “cooling off” period.

If the initiating party was a provider, the provider is identified by the National Provider Identifier (NPI) or Taxpayer Identification Number (TIN). During the cooling off period, the provider may not submit a subsequent Notice of IDR Initiation involving the same non-initiating party with respect to a claim billed under the same NPI or TIN for the same or similar item or service.

The initiating party with respect to dispute number DISP-884612 was ROWE PLASTIC SURGERY OF NJ LLC. The initiating party’s TIN is 833106529. The non-initiating party was Leading Edge Administrators. The 90-calendar day cooling off period begins on February 27, 2024 . Please retain this information for your records.

If the end of the open negotiation period for such an item or service falls during the cooling off period, either party may submit a Notice of IDR Initiation within 30 business days following the end of the cooling off period, as opposed to the standard 4-business-day period following the end of the open negotiation period. This 30-business-day period begins on the day after the last day of the cooling off period.

### **Resources**

Visit the [No Surprises website](#) for additional IDR resources.

### **Contact information**

For questions, contact Federal Hearings and Appeals Services, Inc.. Include your IDR Reference number referenced above.

Thank you,

Federal Hearings and Appeals Services, Inc.

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## **EXHIBIT D**

or a person responsible for delivering it to the intended recipient, you are hereby notified that any review, disclosure, copying, dissemination, distribution or use of any of the information contained in, or attached to this e-mail transmission is STRICTLY PROHIBITED. If you have received this transmission in error, please immediately notify me by forwarding this e-mail to [JGreenspan@Gottliebandgreenspan.com](mailto:JGreenspan@Gottliebandgreenspan.com) or by telephone at 201-644-0891 and then delete the message and its attachments from your computer. Thank you.

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**From:** Denise Molina <[dMolina@leadingedgeadmin.com](mailto:dMolina@leadingedgeadmin.com)>

**Sent:** Thursday, April 11, 2024 2:53 PM

**To:** James Greenspan <[jgreenspan@gottliebandgreenspan.com](mailto:jgreenspan@gottliebandgreenspan.com)>

**Subject:** Rowe Plastic Surgery (S J [REDACTED])

Hello Mr. Greenspan,

Sorry I missed your phone call, but I wanted to let you know that after speaking to the account manager she shared with us that this is NOT a covered benefit. What's even more interesting is that I called Rowe Plastic surgery, and the biller Kemar knew that this did not qualify for NSA.

No one would be able to deem this qualifying for NSA without plan language because these are self-funded groups.

I am providing snap shots for you to look at. As far as this case goes the member has full responsibility of these charges and it seems like the billing team will work with the member. This would not even go towards the members deductible because it is NOT a covered service.

Please see below.



**CHS Employee Group, LLC DBA: YesCare  
Employee Benefit Summary – Smart Premium Choice Plan  
Network: National PPO (BlueCard PPO) Network  
Effective Date: 08/01/2023**

Inpatient BH/SA	Botulinum Toxin – Review for Migraine Use Only	Azacitidine (Vidaza)
Electric Convulsive Therapy (ECT)	Home Health Services	Bevacizumab (Avastin) – Review for Non-Eye Only
Intensive Outpatient Therapy	Home Hospice	Bortezomib (Velcade)
Partial Hospitalization (PHO)	Hyperbaric Oxygen Therapy (Systemic/Topical)	Etanercept (Enbrel)
Residential Care (RTC)	Coronary CT Angiography (CCTA)	Fulvestrant (Faslodex)
Psychological testing	Coronary MRA	Immune Globulin (Intravenous)
Genetic Counseling	Cardiac MRI	Infliximab (Remicade)
	MRA of the Head and/or Neck	Ipilimumab (Yervoy)
	MRI of the Brain	Nivolumab (Opdivo)
	MRI of the Spine – Cervical, Thoracic, Lumbar, Sacral	Paclitaxel (Abraxane Only)
	PET Scan	Panitumumab (Vectibix)
	Physical/Occupational/Speech Therapy	Pembrolizumab (Keytruda)
		Pemetrexed (Alimta)
		Rituximab (Rituxan) – Review for Non-Oncology Diagnosis/Treatment Only
<b>Exclusions</b> In addition to exclusions listed in the document, the following services are excluded from coverage under the Plan		
Abortion – Elective	Halfway house / Home – (Non-healthcare residential facility)	
Alternative Medicine/homeopathy	Long-Term Care	
Aquatic Therapy	Massage Therapy	
Arch supports (supportive shoe inserts)	Non-Emergency Care outside the U.S.	
Biofeedback	Orthopedic Shoes/ orthopedic inserts – Non-diabetic	
Cosmetic Surgery (exclusion does not apply to breast reconstruction post-mastectomy)	Routine Eye Care (Adult) and Child except ACA allowed	
Custodial Care	Self-Inflicted unless result of medical condition	
Dental Care (Routine) Adult and Child except ACA allowed	TMJ Treatment and Appliances	
Gene/Cellular Therapy	Vision Exam and Hardware	
Growth Hormone Therapy	Weight Loss Programs	

<b>MEDICALLY NECESSARY:</b>
Care, supplies, or equipment not Medically Necessary, as determined by us, for the treatment of an Injury or illness. This includes, but is not limited to, care which does not meet Our medical policy, clinical coverage guidelines, or benefit policy guidelines.
Vitamins, minerals and food supplement, as well as vitamin injections not determined to be medically necessary in the treatment of a specific illness. Nutritional supplements; services, supplies and/or nutritional sustenance products (food) related to enteral feeding, <b>except when determined to be medically necessary.</b>
Services for Hospital confinement primarily for diagnostic studies.
<b>Cosmetic Surgery</b> , reconstructive surgery, pharmacological services, nutritional regimens or other services for beautification, or treatment relating to the consequences of, or as a result of, Cosmetic Surgery, except for reconstructive surgery following a mastectomy or when medically necessary to correct damage caused by an accident, an injury or to correct a congenital defect.
<b>MISCELLANEOUS:</b>

Thank you,

*Denise Molina*

**Manager Shared Savings**



[dmolina@leadingedgeadmin.com](mailto:dmolina@leadingedgeadmin.com)

**(212) 278-0754 ext. 5018**

4631 Woodland Corporate Blvd. Ste 310

“Success is best when it’s shared.”

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## **EXHIBIT E**



[-CC]

# Provider Remittance Summary

## Forwarding Service Requested

\*\*\*\*\*ALL FOR AADC 07099  
PB-MSP-42-ENV 5721  
ROWE PLASTIC SURGERY OF N  
89 VALLEY RD  
MONTCLAIR NJ 07042-2212

### Customer Care Information

If you have any questions regarding this claim,  
please contact Valenz Health's dedicated team at  
877-208-5952

Group: CHS Employee Group LLC DBA YesCare  
Group #: CHSEG

Date: 04/23/2024

Patient Acct #: [REDACTED]

Claim #: 223-0000891395-04

Provider: Rowe Plastic Surgery Of N

Patient: S [REDACTED] J [REDACTED]

Enrollee: James

Enrollee ID: J2D1003159LE

Dates of Service	Procedure Code	Charged Amount	Not Covered	Reason Code	Provider Discount	Allowable Amount	Deductible Amount	Co-Pay Amount	Co-Insurance	Payment Amount
001 08/16-08/16/2023	19318	\$150,000.00	\$150,000.00	47	\$0.00	\$150,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Column Totals		\$150,000.00	\$150,000.00		\$0.00	\$150,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient's Responsibility: \$150,000.00										
										Other Carrier Adjustment \$0.00
										Total Payment Amount \$0.00

### Procedures

Code	Description
19318	Breast reduction

### Remarks

Code	Description
47	Service not covered under plan

### Additional Information

We have selected Pay-Plus Solutions as our ePayment vendor to assist us in quickly transferring payment as well as complying with PPACA Section 1104. To sign up for ePayments using ACH or Credit Card, as well as electronic EOB's (835, Excel, PDF) please visit [www.PPSONLINE.COM](http://www.PPSONLINE.COM), email [membership@ppsonline.com](mailto:membership@ppsonline.com), or call Pay-Plus' Membership Services at 1-877-828-8834.



Leading Edge Administrators  
14 WALL ST STE 5B  
NEW YORK, NY 10005-2113



[-CC]

# Provider Remittance Summary

## Forwarding Service Requested

ROWE PLASTIC SURGERY OF N  
89 VALLEY RD  
MONTCLAIR NJ 07042

1b

### Customer Care Information

If you have any questions regarding this claim,  
please contact Valenz Health's dedicated team at  
877-208-5952

Group: CHS Employee Group LLC DBA YesCare  
Group #: CHSEG

Date: 04/23/2024

Patient Acct #: [REDACTED]

Claim #: 223-0000929509-02

Provider: Rowe Plastic Surgery Of N

Patient: S [REDACTED] J [REDACTED]

Enrollee: James

Enrollee ID: [REDACTED]

	Dates of Service	Procedure Code	Charged Amount	Not Covered	Reason Code	Provider Discount	Allowable Amount	Deductible Amount	Co-Pay Amount	Co-Insurance	Payment Amount
001	08/16-08/16/2023	19318	\$150,000.00	\$150,000.00	47	\$0.00	\$150,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Column Totals			\$150,000.00	\$150,000.00		\$0.00	\$150,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient's Responsibility:			\$150,000.00							Other Carrier Adjustment	\$0.00
										Total Payment Amount	\$0.00

### Procedures

Code	Description
19318	Breast reduction

### Remarks

Code	Description
47	Service not covered under plan

### Additional Information

We have selected Pay-Plus Solutions as our ePayment vendor to assist us in quickly transferring payment as well as complying with PPACA Section 1104. To sign up for ePayments using ACH or Credit Card, as well as electronic EOB's (835, Excel, PDF) please visit [www.PPSONLINE.COM](http://www.PPSONLINE.COM), email [membership@ppsonline.com](mailto:membership@ppsonline.com), or call Pay-Plus' Membership Services at 1-877-826-8834.

## **EXHIBIT F**

OPERATIVE REPORT

DOS: 8/16/23

NAME: J [REDACTED], S [REDACTED]

DOB: 10/17/67

LOCATION: Hudson Regional Hospital

MRN: [REDACTED]

PREOPERATIVE DIAGNOSIS: Bilateral macromastia

POSTOPERATIVE DIAGNOSIS: Bilateral macromastia

PROCEDURE PERFORMED: Bilateral breast reduction

SURGEON: Sergio Perez, DO

ASSISTANT: Lisa Schneider, MD

ADDITIONAL ASSISTANT: Caitlin Cleary-Lynch, PA-C

ANESTHESIA: General anesthesia.

ESTIMATED BLOOD LOSS: 100 mL.

SPECIMENS: Right and left breast tissue.

COMPLICATIONS: None.

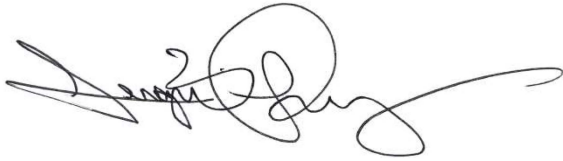
INDICATIONS OF PROCEDURE: The patient is a 55-year-old female with a history of chronic neck and lower back pain that has been unrelieved by medical treatments. She desires a bilateral breast reduction. I discussed the risks, benefits, and alternatives of the procedure with her including, but not limited to, nipple-areolar ischemia and/or necrosis, bleeding, infection, injury to the surrounding structures, scarring, widening of the scars, standing cutaneous deformity, asymmetry, contour irregularities, as well as the need for revision. The patient expressed understanding and wishes to proceed.

PROCEDURE IN DETAIL: The patient was marked in the preoperative holding area for a Wise pattern superomedial pedicle breast reduction. She was then brought back to the main operating room and placed supine on the operating table. All pressure points were padded. Bilateral lower extremity sequential compression devices were placed. General anesthesia was induced successfully. She was prepped and draped in the usual sterile fashion. Local anesthetic was infiltrated along the preoperative markings. Preoperative antibiotics were given. A time-out was performed and everyone was in agreement.

A 38mm cookie cutter was used to define the new areolar size and an 8cm wide superomedial pedicle was marked out. Incisions were made around the superomedial pedicles as well as along the skin markings that were made in the preoperative holding area. The incisions were deepened with electrocautery. The parenchymal resection was then performed on the superolateral and inferior

aspects of each breast. The right and left breast tissues were passed off the field. The bilateral breasts were then tailor tacked with staples and the patient was then sat up to determine if the breasts were symmetrical. Once symmetry was ensured, she was laid flat. The breasts were opened up and meticulous hemostasis was achieved with electrocautery. Exparel was injected in the subfascial plane of the pectoralis major for postoperative pain control.. The deep dermal and subcuticular layers were closed with a 3-0 and 4-0 Monocryl. The incisions were dressed with Prineo and dry dressings secured with a surgical bra.

The patient was awakened successfully in stable condition and transferred to the PACU in stable condition. All counts were correct.

A handwritten signature in black ink, appearing to read 'Sergio Perez', with a large circular flourish at the end.

---

Sergio Perez, DO